

# FAX

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**AUG 08 2006**

**ATTN. Kaushikkumar M. Patel**

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**Fax Number 1 571 273 8300**

**Phone Number 571 272 5536**

**FROM Volel Emile, Esq.**

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**Fax Number 512 306 0240**

**Phone Number 512 306 7969**

**SUBJECT Amend After Final (10/626,182)**

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**Number of Pages 11**

**Date 8/8/2006**

**MESSAGE**

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**This fax communication contains:**

- 1. one copy of a Fax Transmittal Form;**
- 2. one copy of a Fee Transmittal Letter, no fee included; and**
- 3. one copy of the Amendment After Final.**

**Volel**

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AUG 08 2006

PTO/SB/21 (02-04)

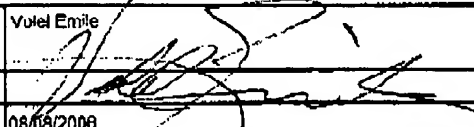
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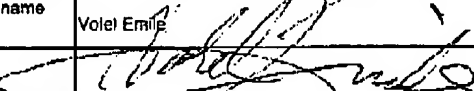
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/626,182
	Filing Date	07/24/2003
	First Named Inventor	Zachary Morlynn Loofman
	Art Unit	2155
	Examiner Name	Kaushikumar M. Patel
	Attorney Docket Number	AUS020030464US1
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Volel Emile
Signature	
Date	08/08/2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Volel Emile
Signature	
Date	08/08/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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AUG 08 2006

Appl. No. 10/626,182

Transmittal of Amendment After Final dated 08/08/2006

Reply to Office Action of 07/20/2006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Application of:	:
Zachary Merlynn Loafman	:
Serial No: 10/626,182	: Before the Examiner:
	: Kaushikkumar M. Patel
Filed: 07/24/2003	: Group Art Unit: 2188
Title: SYSTEM AND METHOD OF	: Confirmation No.: 1555
IMPROVING FAULT-BASED MULTI-	:
PAGE PRE-FETCHES	:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

☐ No additional fee is required  
☒ The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	12	MINUS	20	=	0	x 50 =	\$ 0.00
Indep.	3	MINUS	3	=	0	x 200 =	\$ 0.00
1st Presentation of Multiple Dep. Claim						x 360 =	\$ 0.00

TOTAL \$ 0.00

☐ Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.  
A duplicate copy of this sheet is enclosed.

AUS920030464US1

Appl. No. 10/626,182

Transmittal of Amendment After Final dated 08/08/2006

Reply to Office Action of 07/20/2006

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR §1.17.

Respectfully Submitted

By: 

Volel Emile  
Attorney for Applicants  
Registration No. 39,969  
(512) 306-7969

AUS920030464US1

Page 2 of 2

**AUG 08 2006**

Appl. No. 10/626,182  
Amdt. dated 08/08/2006  
Reply to Office Action of 07/20/2006

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Title: SYSTEM AND METHOD OF	: Confirmation No.: 1555
IMPROVING FAULT-BASED MULTI-	:
PAGE PRE-FETCHES	:

**AMENDMENT AFTER FINAL UNDER 37 CFR §1.116**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of July 20, 2006, please amend the above-identified Application as shown below and consider the following Remarks.

**Amendments to the CLAIMS** begin on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

AUS920030464US1

Page 1 of 7